

**FICER'S BATTERY REPORT**  
CAGO POLICE DEPARTMENT

RD NO.

**JA277099**

STRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION		
ME (LAST - FIRST - M.I.) <b>MPARAN, ERNESTO G</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>1643 N LECLAIRE AVE</b> CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago) <input type="checkbox"/> <b>LOCATION CODE</b> <b>092-ALLEY</b> BEAT OF OCCURRENCE <b>2533</b> <b>DATE OF OCCURRENCE</b> <b>TIME</b> <b>DAY OF WEEK</b> <b>24-MAY-2017</b> <b>11:14:00</b> <b>WEDNESDAY</b> <b>NO. OF OFFICERS BATTERED</b> <b>2</b> <b>WERE THERE ASSISTING UNITS ON SCENE?</b> 1. <input checked="" type="checkbox"/> YES      2. <input type="checkbox"/> NO <b>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)?</b> <b>5</b>		
MR NO. <b>4614</b>	POSITION <b>POLICE OFFICER</b>			
TE OF APPOINTMENT <b>01-APR-2013</b>	EMPLOYEE NO. [REDACTED]			
T OF ASSIGNMENT <b>025</b>	BEAT/CALL NO. <b>2563E</b>			
X . M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DOB [REDACTED]		
IGHT	WEIGHT <b>600</b>	150		
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>				
1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input checked="" type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. AP/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
2. OFF DUTY 3. SPECIAL EMPLOYMENT 4. SECONDARY / OTHER				
<b>TYPE OF ACTIVITY</b>				
<input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____      IUCR CODE _____				
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____				
<input type="checkbox"/> K. OTHER				
<b>TYPE OF INJURY TO OFFICER</b>				
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE				
<b>LIGHTING CONDITIONS AT INCIDENT</b>				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD				
<b>MANNER OF ATTACK</b>				
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)				
<b>TYPE OF WEAPON/THREAT</b>				
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>40 S&amp;W</b> <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET  <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input checked="" type="checkbox"/> B. VEHICLE  <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT				
<b>FIREARM USE INFORMATION</b>				
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON				
<b>OFFENDER INFORMATION</b>				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED] <b>1999</b>		
CB NO. 19484301	IR NO.			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN				
NO. OF OFFENDERS PRESENT: <b>1</b>				
<b>WEATHER CONDITIONS</b>				
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE WEATHER				
APPROXIMATE OUTDOOR TEMPERATURE: <b>60 °F</b>				

100-1085331

REPORTING MEMBER - SIGNATURE  
TOLEDO, PETER H

STAR NO.  
2105

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
WILLIAMS, TERENCE V

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